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FAX COVER SHEET

To: USPTO, Examiner Kevin M. Bernatz From: Dominic M. Kotab		(703) 070 0004			
From: Dominic M. Kotab		(703) 872-9306			
Docket No.: HIT1P034/HSJ9 2003 0163US1	App. No: 10/631,997				
Total Number of Pages Being Transmitted, Include	ding Cover Sheet: 14	4			
Message:					
Please deliver to the Examiner Bernatz.					
Thank you,					
Dominic M. Kotab					

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AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

January 26, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hardayal S. Gill

Application No.: 10/631,997

Filed: 07/30/2003

For: BALLISTIC GMR STRUCTURE USING

NANOCONSTRUCTION IN SELF PINNED

SVIPG

LAYERS

Attorney Docket No.:

HIT1P034/HSJ920030163US1

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Examiner: BERNATZ, Kevin M.

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Group Art Unit: 1773

JAN 2 6 2005

Date: January 26, 2005

CERTIFICATE OF FACSIMILE I hereby certify that this correspondence is being facsimile transmitted to the Commissioner of Patents at

facsimile number (703)-872-9306 on January 26, 2005. anu

Nancy Rushton

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously Paid For	Present <u>Extra</u>	SMALL ENTITY RATE FEE		OR	LARGE ENTITY RATE FEE	
TOTAL CLAIMS	32	_32	_00	X25 = S	OR		X50 = \$0	
INDEP CLAIMS		03	_01	X100 = S	OR	•	X200 = \$200	
[] Multiple Dependent Claim Present and Fee Not Previously Paid			\$180			\$360		
		TOTAL	\$			<u>\$200</u>		

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action. Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No.50-2587.

Enclosed is our Check No. in the amount of \$\sum_{\text{to cover}}\$ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-2587 (Order No. HSJ9-2003-0163US1). A copy of this sheet is enclosed for billing purposes.

> Respectfully submitted, Zilka-Kotab, PC

> Dominic M. Kotab Registration No. 42,762

P.O. Box 721120 San Jose, CA 95172-1120 Telephone: (408) 971-2573

(Revised 1/96: